

## DEPARTMENT OF HEALTH SERVICES

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October 3, 1978

To: All County Welfare Directors

Letter No. 78-7

The Medi-Cal regulations requiring quarterly status reporting and face-to-face interviews at the annual redetermination of eligibility have been signed by the Director of Health Services and were filed at the Secretary of State's Office September 1. Since the regulations were filed on a non-emergency basis, they are effective October 1, 1978.

Attached is an advance copy of the Medi-Cal Eligibility Manual pages which show the changes made by the regulations. As you know, these regulation changes will affect most AFDC-linked medically needy and medically indigent program beneficiaries. You may wish to refer to MCAC Letter 37 regarding administrative staffing and caseload variances which may be experienced in implementing these changes. Field representative staff will be working with counties individually regarding any implementation problems which may occur.

Period Covered by Status Reports

For an interim period of time, counties may choose between two quarterly status report formats:

1. Quarterly status reports requesting eligibility status information for all three months of the quarter, or
2. Quarterly status reports requesting eligibility status information for the last month of the quarter.

During this interim period, the Department will be extensively studying and streamlining the overpayment reporting and collection process. This overpayment collection project will range from legislative/regulatory changes clarifying collectable overpayments (i.e., when is a beneficiary's action "willful" or "intentional") to a streamlining of the overpayment reporting interfaces with the Recovery Bureau. The Department's objective is a cost-effective, non-punitive, uniformly applied overpayment process.

Status Report Forms

As you are aware, originally the status reporting was to be done on a monthly basis, rather than quarterly. Consequently the MC 176S and MC 176SA (pinned) forms which were designed, ordered and stocked by the Department are monthly forms. This form will continue to be used by counties which select monthly status reporting in accordance with Title 22, Section 50191 (b), or choose to use it as a quarterly report.

We are expediting the printing of both manual and pinfed quarterly status report forms which request information for all three months of a quarter. The manual version will be available in November, if not sooner. Pinfed forms normally must be put out for bid; however, we are seeking special permission to forego the bid process for the initial pinfed order of the quarterly status report. If such permission is granted, the forms would be available for county ordering in November. Small volumes of pinfed quarterly report forms may be immediately available for direct county purchase. If a county is interested in obtaining these, the county field representative should be contacted.

Impact of Status Reporting

Counties which have been requiring status reports, as well as counties which have recently implemented status reports, have commented favorably on their impact on workload, ease of communication for beneficiaries, and accuracy of eligibility determinations. We anticipate counties which implement status reports due to these regulations will also obtain these results.

Please contact your field representative for any assistance you may need in implementing this program change.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Eligibility Branch  
Medical Care Standards

**Attachments**

cc: Medi-Cal Liaisons  
Medi-Cal Field Representatives

Expiration Date: April 30, 1979

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(3) Failing to respond to a Notice of Action which requests that the beneficiary contact the county to indicate a desire to continue eligibility.

50157. Face-to-Face Interview. (a) A face-to-face interview with the applicant, or the person completing the Statement of Facts, is required only at the time of application, reapplication, restoration or as specified in (d). The interview shall be completed within 30 days of the date of application, reapplication or restoration.

(b) A face-to-face interview shall not be required at time of application, reapplication or restoration for persons who have a government representative, such as a public guardian, acting on their behalf.

(c) A face-to-face interview at restoration shall not be required, for beneficiaries who have been notified that eligibility will be discontinued, if the request for restoration is received before the effective date of discontinuance.

(d) A face-to-face interview shall be required at redetermination of eligibility for persons or families indicated in this paragraph. The interview shall be completed within the month in which redetermination is required. A face-to-face interview shall be completed once a year at time of redetermination for all MFBUs which contain at least one AFDC-MN or MI member, except for MFBUs consisting of any of the following:

(1) Persons who receive Medi-Cal through the Aid for Adoption of Children Program.

(2) Persons who have a government representative, such as a public guardian, acting on their behalf.

(3) MI foster care children.

(e) The face-to-face interview shall be conducted by a representative of the county department unless, for good reason, a direct interview between the county department and the applicant or the person completing the Statement of Facts is not possible. In such a situation, the interview may be conducted by another public agency acting on behalf of the county department.

(f) The representative of the agency conducting the interview shall verbally advise the applicant, or the person completing the Statement of Facts, in detail of the:

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- (1) Eligibility requirements.
- (2) Medi-Cal benefits available under the Medi-Cal program.
- (3) Confidential nature of information received including the fact that the parents will not be contacted, without the applicant's consent if the applicant is a child applying as an adult in accordance with Section 50351 (a) (2) (C).
- (4) Purposes, provisions and availability of social services, the Family Planning Program, Child Health Disability Prevention Program and other public or private resources.
- (5) Possibility of being included in a quality control sample.
- (6) Availability of Medi-Cal prepaid health plans in the area.
- (7) Right to request a fair hearing.
- (8) Responsibility to report to the county department, and to utilize fully any contractual or other entitlement to health care coverage and that failure to do either is a misdemeanor.
- (9) Applicant's or beneficiary's responsibilities as specified in Sections 50185 and 50187 which include but are not limited to:
  - (A) Responsibility to report to the county department when Medi-Cal may be billed for health care services received by the beneficiary as a result of an accident or injury caused by some other person's action or failure to act.
  - (B) Responsibility to report any changes in circumstances which may affect eligibility or share of cost within 10 calendar days following the date the change occurred.
  - (C) Requirement to furnish Social Security account numbers for all persons for whom Medi-Cal is requested.
  - (D) Requirement to apply for Medicare, if eligible, and furnish the Health Insurance Claim Number.
- (g) During the interview, the representative of the agency conducting the interview shall complete and explain the contents of the Rights of Persons Requesting Medi-Cal, MC 216, and the Medi-Cal Responsibilities Checklist, MC 217, if the forms were not completed and explained during screening.

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(1) The person being interviewed shall sign and date forms MC 216 and MC 217.

(2) The original of forms MC 216 and MC 217 shall be placed in the case file.

(3) A copy of forms MC 216 and MC 217 shall be given to the person being interviewed.

(h) An informational pamphlet on the CHDP Program shall be given to the applicant, if there are persons under 21 years of age in the family.

(i) The representative of the agency conducting the interview shall document by a notation on the Statement of Facts that the requirements of the CHDP Program, as specified in (f) (4) and (h) and Section 50184 (b) have been met.

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(2) The county department determines that the information provided on the Statement of Facts is sufficient to determine eligibility. If the information on the Statement of Facts is insufficient, the county department shall accept a signed statement, from the person who signed the Statement of Facts, providing the necessary supplemental information.

(b) The county department shall state on the Statement of Facts that this is the only method of verification available, if this method of verification is used.

50173. Eligibility Determination. (a) The county department shall determine the person's or family's eligibility and share of cost after the applicant for Medi-Cal has applied, completed the Statement of Facts, and provided all essential information. The eligibility and share of cost determination shall be completed in the following manner:

(1) Those persons whose eligibility is being determined as Other PA recipients shall have their eligibility determined in accordance with the regulations and procedures governing the program to which they are linked and any other requirements applicable to their aid category, as specified in Sections 50237 through 50247.

(2) Those persons whose eligibility is being determined as MN or MI shall have their eligibility and share of cost determined in accordance with Articles 4 through 13 (commencing with Section 50141).

50175. Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact. (a) The application shall be denied or eligibility discontinued under any one of the following circumstances:

(1) There is insufficient information available to make an eligibility determination, after the county department has made a reasonable effort to obtain the necessary information.

(2) The applicant or person completing the Statement of Facts fails, without good cause, to provide necessary verification or to cooperate with the county department in resolving incomplete, inconsistent or unclear information on the Statement of Facts.

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(3) The beneficiary fails, without good cause, to return a status report required under Section 50191 (a) or (b).

(4) The applicant or beneficiary fails, without good cause, to participate in the face-to-face interview in accordance with Section 50157.

(5) The county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is loss of contact.

(b) A person or family whose eligibility is denied or discontinued for any of the reasons specified in (a) may:

(1) Reapply at any time, including the original month of application.

(2) Have the denial or discontinuance rescinded by providing evidence that the person or family had good cause for not meeting the conditions specified by the county department.

(c) For purposes of this section good cause includes, but is not limited to:

(1) Failure of the county to provide the beneficiary with the required status report form or with the information that failure to complete and return the form may result in discontinuance.

(2) Failure of the postal system to deliver the required status report forms in a timely manner.

(3) Physical or mental illness or incapacity of the beneficiary and the authorized representative which precludes their completion or return of the completed status report form in a timely manner, or which precludes their participation in the face-to-face interview.

(4) A level of literacy of the beneficiary and the authorized representative which, in conjunction with other social or language barriers, precludes the beneficiary and the authorized representative from completing the status report.

(5) Failure of the county to properly process the submitted Statement of Facts or status report form.

(6) Unavailability of transportation to the county department for the face-to-face interview.

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50184

50184. Referral for Social Services. (a) The county department shall refer a person or family for social services in accordance with Department procedures if it appears that there is a need for such services.

(b) A referral for social services shall also be made for the following needs related to the CHDP Program unless other arrangements have been made with the local CHDP Program:

(1) Assistance in:

(A) Arranging for screening services for persons under 21 years of age under the CHDP Program.

(B) Overcoming fears of medical treatment.

(C) Understanding the importance of preventive health.

(2) Arranging for transportation, child care or other services to enable the individual to take advantage of CHDP benefits.

50185. Applicant and Beneficiary General Responsibility. (a) Applicants and beneficiaries whose eligibility is determined by the county department or persons acting on behalf of such applicants or beneficiaries shall:

(1) Complete and participate in the completion of all documents required in the application process or in the determination of continuing eligibility.

(2) Make available to the county department all documents needed to determine eligibility and share of cost, as specified in Sections 50167 through 50172.

(3) Report all facts that are pertinent to the determination of eligibility and share of cost.

(4) Report any changes in the facts pertinent to the determination of eligibility and share of cost, within 10 calendar days following the date the change occurred.

(5) Cooperate fully in any investigation that may be required for quality control.

(6) Report and utilize other health care coverage available to the individual or family group in accordance with Section 50763.



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(7) Complete Medi-Cal status reports in accordance with Section 50191 (a) or (b).

(b) Applicants and recipients whose eligibility is determined by the Social Security Administration shall report to the Department and utilize other health care coverage available to them in accordance with Section 50763.

(c) If the Statement of Facts has been completed and signed by someone other than the applicant or beneficiary, the responsibilities stated in (a) and (b) shall rest with that person as well as with the applicant or beneficiary.

(d) The county shall assist the applicant or beneficiary as necessary in meeting the requirements of this section.

50187. Social Security Numbers and Health Insurance Claim Numbers.

(a) Each applicant or beneficiary shall, as a condition of Medi-Cal eligibility, obtain and provide to the county department a Social Security Number (SSN) and, if eligible, a Social Security Health Insurance Claim (HIC) Number.

(b) The SSN shall be provided at the time of application unless the applicant must apply for the number. If application for an SSN must be made, the number shall be provided by the time of the annual redetermination.

(c) The HIC number shall be provided in accordance with Section 50777.

(d) Medi-Cal shall not be denied, delayed or discontinued for an applicant or beneficiary because of these requirements unless the applicant or beneficiary refuses to cooperate.

(1) Eligibility of an applicant or beneficiary who refuses to apply for or provide a number shall be denied or discontinued.

(2) Eligibility of a child who is not applying on his own behalf shall be denied or discontinued if a parent or caretaker relative living with the child refuses to apply for or provide a number for the child.

(3) Persons ineligible for Medi-Cal in accordance with (1) or (2) shall be considered in the same manner as voluntarily excluded persons in accordance with Section 50371.

(e) The county department shall assist the applicant or beneficiary by explaining how to apply for an SSN or HIC number.

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50189

50189. Redetermination -- Frequency and Process. (a) Persons or families determined to be eligible for Medi-Cal shall have their eligibility redetermined at least once every 12 months.

(b) At the time of the redetermination, the beneficiary shall complete a new Statement of Facts.

(c) The county department shall:

(1) Complete the redetermination within 12 months of the most recent of the following:

(A) Approval of eligibility on any application, reapplication or restoration which required a Statement of Facts, MC 210 or CA 2.

(B) Last redetermination.

(2) Verify information on the Statement of Facts in accordance with Section 50169 (c).

(3) Send a Notice of Action if there is a change in the beneficiary's eligibility status or share of cost.

(4) Provide an informational pamphlet on the CHDP program to the beneficiary which describes the CHDP benefits available, and how and where the benefits are provided in the county, if there are persons under 21 years of age in the family.

(d) A face-to-face interview shall be required at the time of redetermination for all MFBUs which contain at least one AFDC-MN or MI member, except for MFBUs consisting of any of the following:

(1) Persons who receive Medi-Cal through the Aid for Adoption of Children program.

(2) Persons who have a government representative, such as a public guardian, acting on their behalf.

(3) MI foster care children.

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50191

50191. Status Reports. (a) The county department shall require the completion of a Medi-Cal Status Report, Form MC 176S, no later than the third month following the month of Medi-Cal eligibility approval of an application, reapplication or restoration and at three month intervals thereafter, for all MFRU's which contain at least one AFDC-MN or MI person. The requirement to complete status reports shall not apply to the following:

(1) Persons who receive Medi-Cal through the Aid for Adoption of Children program.

(2) Persons who have a government representative, such as a public guardian, acting on their behalf.

(3) MI foster care children.

(4) Children who are treated as adults in accordance with Section 50351 (a) (2) (C).

(5) Persons who receive county General Assistance Benefits and whose Medi-Cal eligibility factors are monitored at least quarterly by the county Department under its general assistance program.

(b) In addition to the status reports required in accordance with (a), the county department, consistent with Article 2, may require persons or families to complete status reports at more frequent intervals.

50192. Testing Techniques for Redeterminations, Status Reporting and Verification. (a) Notwithstanding Sections 50169, 50189 and 50191, the Director may, in counties selected by the Director, establish requirements for redeterminations, status reporting, and verification of information on the Statement of Facts for the purpose of testing the effectiveness of the different administrative requirements.

(b) Selection criteria may include, but shall not be limited to:

(1) Caseload size.

(2) Past county administrative requirements.

(3) Population characteristics.

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50742. Limitations on Eligibility Reports and Card Issuance Requests Submitted by the County Department. (a) The county department shall not submit a report of eligibility to the Department for a person for a given month, or request the Department to issue a Medi-Cal card for a person for a given month, as long as any one of the following applies to that person for that month:

(1) The county has information which requires discontinuance of the person for that month.

(2) The person is subject to discontinuance for the month due to loss of contact or noncooperation.

(b) The county department shall not request the Department to issue a Medi-Cal card for a person for a month during the following periods:

(1) From time of county receipt of information which requires that the person be assigned a share of cost and receive a form MC 177S for a month, until the completed MC 177S is submitted to the county department.

(2) From time of county receipt of information which requires that an LTC person receive an increased share of cost, until determination of the increased share of cost is made.

(c) The county department shall not withhold a report of eligibility for the beneficiary for the coming month if information requiring an adverse action is received too late in a month for the county department to make that action effective the coming month because timely notice of the adverse action cannot be provided to the beneficiary.

(d) This section applies to all Medi-Cal eligibles including public assistance recipients.

(e) The report of eligibility data required by this Section shall be completed in accordance with schedules issued by the Director.